

CLAIMS ONLY

Application Number

07-483881
Applicant(s)

Filing Date

10-31-65

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
3		/				
5		/				
6						
7	/					
8	/					
9		/				
10		/				
11		/				
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42		/				
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49						
50						
Total Indep	6					
Total Depend	32					
Total Claims	38					

May be used for additional claims or amendments

	Indep.	Depend.	Indep	Depend	Indep	Depend
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99						
100						
Total Indep						
Total Depend						
Total Claims						